



Minutes of the Service Development Subcommittee meeting held at 14 Hosier Lane on 31st January 2024 commencing at 11am

Present: Sami Hanna, Fin McCaul (Chair), Faisal Tuddy, Phil Day.

In attendance: Alastair Buxton, David Onuoha, Janet Morrison, Prakash Patel, Sian Retallick.

Item 1 – Welcome from Chair

- 1.1 The Chair opened the meeting and welcomed the attendees, including Phil Day, who had been appointed as a new member of the subcommittee to fill the vacancy created by the resignation of Claire Nevinson.

Item 2 – Apologies for absence

- 2.1 Apologies for absence were received from Clare Kerr and Olivier Picard.

Item 3 – Conflicts or declarations of interest

- 3.1 No new conflicts or declarations of interest were raised.

Item 4 – Minutes of the last meeting and update on actions

- 4.1 The minutes of the subcommittee meeting held on 1st August 2023 were approved.

Item 5 – Implementation update: Pharmacy First and other clinical services

- 5.1 The subcommittee considered the information on implementation support provided for the various clinical services over the last few months and the planned work still to be undertaken. The Chair expressed his thanks to the Services Team for all their hard work to get the services launched/relaunched. Alastair noted the team effort across Community Pharmacy England and beyond, highlighting the efforts of the Comms Team, the Dispensing and Supply Team and colleagues at NHS England.
- 5.2 In relation to the five webinars delivered in December and January, almost 5,000 people registered to attend them, with most hitting our 1,000-person capacity cap. Over 2,500

people attended live and since the recordings of the webinars have been available, they have had a total of almost 10,000 views. Almost 7,000 of those views were just for the two Pharmacy First webinar recordings.

- 5.3 The Chair highlighted the role that LPCs have played to support and promote the service and its launch. It was agreed that this should be formally acknowledged by Community Pharmacy England, perhaps via a message from Janet in the next LPC Newsletter. It was also suggested that the data associated with the volume of pharmacists locally trained in each LPC should be captured and highlighted as part of the success of the implementation effort. The opportunity for LPCs to explore and access local pots of ICB money to support additional training sessions was highlighted.
- 5.4 A question was raised on the capacity in the system to support the volume of additional face-to-face training still required. It was recognised that there are still issues with the capacity and availability of face-to-face training and LPCs are working on ways to support this locally.
- 5.5 A question was raised regarding how pharmacy owners could be supported to consider how they manage the level of demand for the service, to maximise their capacity. It was highlighted that some IT system providers are already looking at how to develop their systems beyond the minimum viable product to include elements such as pre-consultation tools. It was noted that pharmacy owners have already been exploring solutions for themselves and that CPE could host future webinars focused on sharing best practice and ideas that have supported provision of the service and the management of demand. An approach used in some pharmacies to manage walk-in consultation capacity was treating the patient as if they had a walk-in prescription, so they had a 'place' in the pharmacy's queue of work.
- 5.6 The NHS Booking and Referral Standard (BaRS) is one of the next IT projects to be undertaken with GP and Pharmacy system suppliers, which will initially support referrals from general practice to community pharmacy, but the opposite flow of referrals will follow, with the potential for action messages to be sent to practices. The latter development requires further work to establish the GP user requirements. It was noted that interoperability between clinical systems, pharmacy booking systems and NHS

booking systems would improve the user experience for patients and the sector. This topic had previously been explored at CPITG meetings and further discussion of the topic may be required.

- 5.7 Protected time for training in pharmacies was highlighted as a need; this is already one of our regulatory asks of Government and NHS England.
- 5.8 In relation to the Lateral Flow Service, NHS England had shared a list of pharmacies signed up to provide the service, but which have not amended their NHS website profile to identify they provide the service. Information will be shared with head offices and LPCs to see if the issue can be addressed with the relevant pharmacy owners.
- 5.9 Suggestions were sought on additional support and resources which could be provided to pharmacy owners and their teams. The outstanding materials to be published for the Pharmacy First service, listed in the agenda paper were reviewed.
- 5.10 The subcommittee was advised that the NHS public promotion of the Pharmacy First Service is due to go live from 19th February 2024, but that is still subject to confirmation. Everybody in the sector needs to play their part in promoting the service to patients.

Item 6 – NHS England’s Vaccination strategy

- 6.1 The subcommittee were asked to provide thoughts on the strategy, including opportunities and threats for the sector, alongside any points which need further clarification from NHS England’s vaccination team.
- 6.2 It was highlighted that this is a significant opportunity for pharmacy owners to apply their existing learning from the implementation of the C-19 vaccination service to the provision of other vaccinations.
- 6.3 How ICBs commission future vaccination services, how pharmacy owners are paid and the required IT systems to support service provision were raised as concerns to consider. It was also noted that avoiding variability of the commissioning approach used by ICBs would be beneficial for pharmacy owners.
- 6.4 It will be necessary to consider our position on central procurement of flu vaccine, now that NHS England has stated the potential for this will be considered and we would need

to consider the impacts on margin of such an approach.

- 6.5 The quality of child vaccination records was questioned; this could have an impact on the plans set out in the strategy document. It was highlighted that there is a need for data to support visibility of both pharmacy provision of vaccines and pharmacy's impact through vaccination on tackling healthcare inequality. This could then be used to further make the national and local case for greater pharmacy provision.
- 6.6 The services team will be meeting with the NHS England vaccination team to discuss the implementation of the vaccination strategy. Locally, LPCs should engage in local discussions with ICBs, ahead of commissioning being devolved to them in April 2025.

Item 7 – Results of the 2022/23 mandatory national audit on valproate

- 7.1 The results of the audit were reviewed.

Item 8 – Update on the 2023/24 Workplan for the Services Team

- 8.1 The information in the agenda was noted. A new workplan is in development to reflect Community Pharmacy England's draft plan for 2024/25, which is set out in the main Committee agenda papers.

Item 9 – Flu and COVID-19 vaccinations

- 9.1 The information in the agenda was noted and a verbal update was provided.

Item 10 – NHS England NMS antidepressant pilot

- 10.1 This was a matter of report. The key point to note is that the pilot has been extended.
- 10.2 It was highlighted that a lot of training was required to participate in the pilot which will have reduced uptake by pharmacy owners.

Item 11 – NHS Weight management service pilots

- 11.1 This was a matter of report. The approach taken by the NT was supported.

Item 12 – NHS England Independent Prescribing Pathfinder programme

- 12.1 The information in the agenda was noted.



Item 13 – Digital therapeutics

- 13.1 Alastair Buxton reported on a meeting he had attended with colleagues from the NPA, which was focused on exploring how digital therapeutic products could be distributed to patients in primary care.
- 13.2 Digital therapeutics are evidence-based therapeutic interventions delivered through software to prevent, manage, or treat a medical disorder or disease. They are typically accessed via a smartphone app or online and engage the patient without the involvement of a clinician. They are registered medical devices and are regulated by the MHRA for use in the UK. Some of them have randomised controlled trial evidence that demonstrates safety and efficacy.
- 13.3 It was noted that pharmacies in Germany are heavily involved in supplying digital therapeutics to patients, with wider support provided to make sure the patient was able to use the product. This work is funded by health insurers. Information will be sought on this via the World Pharmacy Council.

Item 14 – AMR and diagnostics

- 14.1 This was a matter of report.

Item 15 – Any other business

- 15.1 **Lateral Flow Service** – NHS England and DHSC proposed on Monday that the service should be extended from 1st April 2024 for a year, on the same terms as agreed when the service commenced just over two months ago.
- 15.2 New draft guidance was published by NICE on the use of Paxlovid in early January 2024. Once this guidance is implemented, the new patient cohorts will be able to access LFDs via the pharmacy service, adding an additional 1.4 million people to the eligible patient cohort. NHS England proposed that the additional patient cohorts should become eligible for supplies of LFDs from 1st April 2024.
- 15.3 The subcommittee supported the proposed extension of the service.



It was recommended:

- that the proposed extension of the service, with the additional patient cohorts, should be agreed.

- 15.4 **Clinical services APIs** – there have been delays in the delivery of NHS-assured IT systems to support the final two clinical services which do not yet have such systems available – the Smoking Cessation Service and the Discharge Medicines Service. Once these systems become available, pharmacy owners will need to contract with a system supplier and payment claims for the service will have to be made via an application programming interface (API) with the NHSBSA’s MYS portal.
- 15.5 NHS England informed us earlier this week that the realistic start date for use of NHS-assured IT systems for the two services is now 1st April 2024. That was always the date by which NHS England expected all the IT systems to be live. They plan to communicate this to pharmacy owners later this week.
- 15.6 The services team have told DHSC and NHS England that the transfer to the new systems and away from the manual payment claim systems must be undertaken in a way that does not reduce the usual time pharmacy owners have to submit their March 2024 payment claims. DHSC and NHS England have also agreed to our request to update the payment claim arrangements for DMS, so they are aligned with the three-month claim window which applies to the Advanced services.